



# Alabama Medicaid

## Certification and Attestation for Primary Care Rate Increase Form

### Effective January 1, 2013, to be eligible for increased payments, physicians must:

1. Be an enrolled Alabama Medicaid provider as a primary care physician (or a subspecialty under one of these specialties: family medicine, general internal medicine, or pediatrics).
2. Physicians must self-attest to a covered specialty or subspecialty designation in family medicine, general internal medicine, or pediatrics.
3. If the physician meets the criteria in numbers 1 & 2 above, as part of that attestation, the physician must then specify that:
  - A. The physician is board certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) in family medicine, general internal medicine, or pediatrics or a subspecialty under one of these specialties **—or—**
  - B. The physician is **not** board certified but practicing in the fields of family medicine, general internal medicine, or pediatrics or a subspecialty under one of these specialties, and 60% of his/her Medicaid billings are for evaluation and management **procedure codes** 99201 through 99499 and VFC services. NOTE: This is total procedure codes billed. Ancillary services such as lab and injections will cause the E&M percentages to be less.
4. Complete this form, sign it, and submit the original to the address provided below.

**All of the fields below must be completed legibly. Make a copy for your records.**

**Send the original form to:**

**HPES, P O Box 241685, Montgomery, AL 36124**

Physician's Name \_\_\_\_\_

Physician's Individual NPI \_\_\_\_\_

Physician's Medicaid Provider Number (s) \_\_\_\_\_

Qualifying Physician Specialty Designation \_\_\_\_\_ Family Medicine \_\_\_\_\_ Internal Medicine \_\_\_\_\_ Pediatrics  
Or

List the eligible Subspecialty \_\_\_\_\_

### Complete this section ONLY if you have a certification from the ABMS, ABPS, or AOA (Attach copy of certification)

Certification Board \_\_\_\_\_ ABMS \_\_\_\_\_ ABPS \_\_\_\_\_ AOA

Board Certification Begin Date \_\_\_\_\_ Board Certification End Date\* \_\_\_\_\_

*\*NOTE: Qualification for the payment increase will end the earliest of either 12/31/2014 or the expiration date of the board certification. Therefore, physicians' whose board certifications expire during the calendar year 2013 or 2014, must reattest for the program; services provided during any lapses in time between board certification expiration and reattestation will not be eligible for the rate increase. **The physician must notify HPES within 10 days if the board certification is lost.***

\_\_\_\_ I attest that I have a certification recognized by the above board and meet the requirement by federal and state regulations to receive increase payment.

### Complete this section ONLY if you are practicing in the fields of family medicine, general internal medicine, or pediatrics or a subspecialty under one of these specialties, but **DO NOT** have a certification from the ABMS, ABPS, or AOA, and at least 60% of your total procedure codes billed are for E&M and VFC codes. Check the appropriate box.

#### \_\_\_\_ **Currently enrolled providers only** (those who have billing history)

I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification by the ABMA, ABPS, or AOA. I attest that at least 60% of my total billings for the previous calendar year were for E&M and VFC procedure codes and I meet the requirement to receive the increased payment.

#### \_\_\_\_ **New providers only** (those who have at least one full month billing history)

I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification by the ABMA, ABPS, or AOA. I attest that at least 60% of my total billings were for E&M and VFC procedure codes during the prior month and I meet the requirement to receive the increased payment.

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Physician's Name \_\_\_\_\_  
*As listed on page 1*

Physician's Individual NPI \_\_\_\_\_

Physician's Medicaid Provider Number (s) \_\_\_\_\_

**Complete this section for primary care services rendered by practitioners (physician assistants or certified nurse practitioners) working under your personal supervision. In this case you assume professional/ financial responsibility and are legally liable for the quality of services provided under your supervision. Use additional sheets if necessary.**

Practitioner's Name \_\_\_\_\_

Practitioner's NPI \_\_\_\_\_

Practitioner's Medicaid Number(s) \_\_\_\_\_

Practitioner's Name \_\_\_\_\_

Practitioner's NPI \_\_\_\_\_

Practitioner's Medicaid Number(s) \_\_\_\_\_

Practitioner's Name \_\_\_\_\_

Practitioner's NPI \_\_\_\_\_

Practitioner's Medicaid Number(s) \_\_\_\_\_

### Attesting Physician's Signature

*I affirm, under the penalties for perjury, that the foregoing and following information is true, accurate, and complete. I understand that payments submitted under this provider number will be from Federal funds, and that any falsification or concealment of material fact may be prosecuted under Federal and State laws. The Alabama Medicaid Agency, or its fiscal agent HPES, may ask for additional information regarding any of the information submitted as part of this form and application. The Alabama Medicaid Agency will pursue repayment in all instances of improper or duplicate payment. The Alabama Medicaid Agency will recoup all paid increased payments if the physician is found to be ineligible for this program. By signing this form, the physician attests that he/she qualifies for the ACA physician rate increase.*

This attestation must be signed personally by the physician.

Personal Signature of the Attesting Physician \_\_\_\_\_

Date \_\_\_\_\_